| RATENT APPLICATION FEE DETERMINATION RECORI<br>Effective October 1, 2000  |                            |   |            |                     | 09/873,249                                   |          |            |                        |  |  |
|---|----------------------------|---|------------|---------------------|--|----------|------------|------------------------|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                            |   | -          | SMALL ENTITY TYPE   |  | OR       | OTHER THAN |                        |  |  |
| TOTAL CLAIMS  |                            |   |            | RATE                | FEE  |          | RATE       | FEE                    |  |  |
| FOR   | NUMBER FILED               | NUMBER EXTRA                                      | ] [        | Basic Fee           | 355.00                                       | OR       | BASIC FEE  | ·710.00                |  |  |
| TOTAL CHARGEABLE CLAIMS   | GO minus 20=               | . 30  | ] [        | X\$ 9=              |  | OR       | ·X\$18=    | 540                    |  |  |
| NDEPENDENT CLAIMS   | _5 minus 3 c               | •   | 1          | X40-                |  | ÓR       | X80=       |                        |  |  |
| MULTIPLE DEPENDENT CLAIM F  | RESENT                     |   | 7 I        | +135=               |  |          | +270=      |                        |  |  |
| If the difference in column 1 is  | less than zero, ente       | r V° in column 2                                  | -          | TOTAL               |  | OR       | TOTAL      | 1250                   |  |  |
| •   | AMENDED - PAR              |   | •          |                     | <u>.                                    </u> |          | OTHER      |                        |  |  |
| (Column 1)  | (Cotu                      | mn 2) '(Column                                    | <u>3)</u>  | SMALL               | ENILLA                                       | ОŖ       | SMALL      |                        |  |  |
| CAUNS REMAINING AFTER AMENOMENT  Total  Total   | HUA<br>PREVI               | REST<br>REER PRESEN<br>FOR EXTRA                  |            | RATE                | ADDI-<br>TIONAL<br>FEE                       | :        | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |
| Total · 5   | Minus                      | 50 -  | I          | X\$ 9=              | 25   | OR       | X\$18=     |                        |  |  |
| Independent • 2   | Minus                      | 3. <b>-</b> 'Ø                                    | ] I        | X40=                |  | OR       | X80=       |                        |  |  |
| FIRST PRESENTATION OF A   | NULTIPLE DEPENDEN          | TCLAIM '  | <b>၂</b>   | +135=               |  | OR       | +270=      | •                      |  |  |
|   |                            | . : •   |            | ··· TOTAL           | -27  | OR       | - TOTAL    |                        |  |  |
|   |                            | ımın 2) (Column                                   | -          | VDOTT. FEE          |  | los      | ADDIT FEE  | -                      |  |  |
| (Column 1)<br>CLAIMS  | RUG                        | FIEST   | 7 (        | •••                 | ADDI   | i i      |            | -ADDI-                 |  |  |
| REMAINDIG AFTER   | PREV                       | MBER PRESED<br>TOUSLY EXTRA                       |            | RATE                | TIONAL<br>FEE                                | •        | RATE       | TIONAL                 |  |  |
| Total   | Mirus C                    | · 10  | 71         | X\$ 9=              | • •  | OR       | X\$18=     |                        |  |  |
| REMAINING AFTER AMERICANENT Total | Minus •••                  | 2 - 7   | 7          | X40=                |  |          | X80=       |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT COOM   |                            |   |            |                     |  |          |            |                        |  |  |
| •   | •                          | · ·   | . [        | +135=               |  | ОЯ       | +270=      |                        |  |  |
| 2-10 05   |                            |   |            | YOTAL<br>NDDIT. FEE |  | OR       | ADOIT, FEE |                        |  |  |
| (Column 1)  |                            | umm 2) (Columni<br>Prest                          | 3)         | . •                 |  |          |            | •                      |  |  |
| CLAIMS<br>REMAINING   | NO.                        | MBER PRESE  |            | RATE                | ADDI-<br>TIONAL                              |          | RATE       | ADDI-<br>TIONAL        |  |  |
| AFTER AMERICALENT   |                            | D FOR   | _          | PARE                | FEE  | <b>.</b> | ·          | FEE                    |  |  |
| G Total • 6   | Miras C                    | - 9   | <u>   </u> | X3 9=               |  | OR       | X\$18=     | 225                    |  |  |
| <b>2</b>   4444 444   | Minus •••                  | 5 - 2   | 4          | X40=                |  | OR       | X80-       | 1100                   |  |  |
| FIRST PRESENTATION OF   | MULTIPLE DEPENDE           | NI CLAIM  | ╜╽         | +135=               |  | 1        | +270=      | 1                      |  |  |
| * If the "entity to column 1 is tees that   | the entry in column 2, w   | es Win column 3.                                  |            | YOYAL               |  | OR       | TOTAL      | 275                    |  |  |
| "If the "Highest Number Proviously  | PAIN FOR IN THIS SPACE     | E is less than 20, ems<br>C is less than 3, enter | <b>3</b> . | ADDIT. FEE          |  | JOR      | ADDIT. FEE |                        |  |  |
| The Highest Number Previously I   | Paid For (Total or Indepen | ndent) is the highest n                           | prober for | and in the ap       | brobuste po                                  | n to o   | owna 1.    |                        |  |  |

PONI PROGRES

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